Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ For organizations with gross receipts less than $100,000 and total assets less than $250 000 at the end of the year

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545 1150

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☒ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Indian Association of Space Coast, Inc

Number and street (or P O box, if mail is not delivered to street address) / Room/suite: 563 Lake Ashley Circle

City or town, state or country, and ZIP + 4: Melbourne FL 32904

D Employer identification number: 59-3069784

E Telephone number: (321) 779 9994

F Enter 4-digit (GEN) ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990 PF)

I Web site ▶ 3

J Organization type (check only one)— ☐ 501(c) ( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization's gross receipts are normally not more than $25,000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

L Add lines 5b 6b, and 7b to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 92,973

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 35)

Revenue	1	Contributions, gifts grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	14,945
	4	Investment income		4	4,397
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	
	6	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 66,000		
	b	Less direct expenses other than fundraising expenses	6b 56,721		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	9,279
	7a	Gross sales of inventory less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8	Other revenue (describe ▶ Advertising 19,483; Hol; 68; art; 80)		8	7,631
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c 7c, and 8) ▶		9	36,252
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	4,981
	16	Other expenses (describe ▶ attached)		16	37,076
	17	**Total expenses** (add lines 10 through 16) ▶		17	42,057
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)		18	<5,805>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	126,445
	20	Other changes in net assets or fund balances (attach explanation) error		20	261
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	120,901

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Part II Balance Sheets—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See Specific Instructions on page 39)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	126,445	22	120,901
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	126,445	25	120,901
26	**Total liabilities** (describe ▶)	-	26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	126,445	27	120,901

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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I Form 990-EZ (2001)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)

What is the organization's primary exempt purpose? _____

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 _____ (Grants $) 28a

29 _____ (Grants $) 29a

30 _____ (Grants $) 30a

31 Other program services (attach schedule) (Grants $) 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instructions on page 40)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Part V Other Information (**Note** the attachment requirement in General Instruction V, page 14)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		X
36	Was there a liquidation dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file **Form 1120-POL** for this year?		3
38a	Did the organization borrow from, or make any loans to, any officer, director trustee or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes" attach the schedule specified in the line 38 instructions and enter the amount involved 38b 0		
39	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	*501(c)(3) and (4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons d		
d	Enter Amount of tax on line 40c, above, reimbursed by the organ		
41	List the states with which a copy of this return is filed ▶		
42	The books are in care of ▶ Kailash Patel		
	Located at ▶ Same as Refund		
43	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ* and enter the amount of tax-exempt interest received or accrued		

Please Sign Here

Under penalties of perjury I declare that I have examined this return, includ and belief it is true, correct, and complete Declaration of preparer (other t

Signature of officer Sangvi T Patel

Type or print name and title President - Sangvi T

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self employed) address and ZIP + 4 DIPAK K. PATIDAR,

Indian Association Of The Space Coast, Inc.
December 31, 2001

Form 900-EZ Part I, Expenses, Line 16:

Holi Expenses	2,738
Mother's Day	852
Kite Flying	740
Insurance Expenses	421
Licences	61
Navrati Expenses	10,960
Office Expense	379
Dinner, Meeting and Awards	5,910
Donations	15,000
Trophy's	0
Valtine Day	0
Legal Services	0
Bank Charges	15
Miscellenous Expenses	0
	37,076